

MEMBERSHIP ROSTER

PLEASE RETURN BY:

SCHOOL: _____

TEACHER: _____

Mail To: Tracey H. Tallent
CPRCAD
P.O. Box 532
Carrollton, Ga 30112

Eligible For Special Olympics

NAME Last, First, Middle Name	SEX M/F	AGE	BIRTHDAY Month-Date-Year	Wheel Chair Manual/Electric	T-Shirt Size

These students may be able to participate in other activities offered by CPRCAD. Please Give us their names, also.

In My Class But Not Eligible For Special Olympics

NAME Last, First, Middle Name	SEX M/F	AGE	BIRTHDAY Month-Date-Year	Wheel Chair	T-Shirt Size

tht/SO

COPY AS NECESSARY

Fax immediately to Tracey at 770-834-3652. Keep a copy for yourself and then return a copy to your school's designated team leader who will mail all classes from your school to me at one time.